

Best Available Copy

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mg</i>		<i>8-23-99</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>8-23-99</i>
FORMALITY REVIEW	<i>VC</i>	<i>25217</i>	<i>8-25-99</i>

## INDEX OF CLAIMS

.....	Rejected	N	.....	Non-elected
.....	Allowed	I	.....	Interference
(Through numeral)...	Canceled	A	.....	Appeal
.....	Restricted	O	.....	Objected

Claim	Date				
Final	Original	1	6/2	9	21
1	7	26	27	20	18
2	02	02	02	01	04
3	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓
11	✓	✓	✓	✓	✓
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Claim		Date					
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Claim	Date
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**If more than 150 claims or 10 actions  
staple additional sheet here**